

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Jerome Allen James		COURT CASE NUMBER 08C1019	
DEFENDANT Michael Sheahan		TYPE OF PROCESS S/C	
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Ollie Gavin, Correctional Officer, Division 5, 3 to 11 shift		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) CCJ, C/O Legal Dept. 2700 S. California Ave., 2nd. FLr. Div.5, Chicago, IL 60608		
AT			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			
Jerome Allen James, B-68976 Stateville-STV P.O. Box 112 Joliet, IL 60434		Number of process to be served with this Form - 285	1
		Number of parties to be served in this case	11
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold**FILED****APR 22 2008 APR 22 2008 PH****MICHAEL W. DOBBINS**
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

04-02-08**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 9 of 11	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk Td	Date 04-02-08
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

RONNA FARNANDIS LEGAL OFFICER DEPT.

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service Time am

4/16/08 1300 pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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One Service Fee charged same case + location

REMARKS: **1 USM, 1 Hour, 16 miles See process sheet #2 for charges.**